

SERFF Tracking Number: AMNA-127190715 State: Arkansas
Filing Company: American National Life Insurance Company of Texas State Tracking Number: 48953
Company Tracking Number: ABR11AX-TM
TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life
Product Name: ANTEX ABR Terminal Illness
Project Name/Number: /

Filing at a Glance

Company: American National Life Insurance Company of Texas

Product Name: ANTEX ABR Terminal Illness SERFF Tr Num: AMNA-127190715 State: Arkansas

TOI: L07I Individual Life - Whole SERFF Status: Closed-Approved- State Tr Num: 48953
Closed

Sub-TOI: L07I.101 Fixed/Indeterminate Co Tr Num: ABR11AX-TM State Status: Approved-Closed
Premium - Single Life

Filing Type: Form Reviewer(s): Linda Bird

Authors: Tyra Reed, Amber Adams, Disposition Date: 06/08/2011
Tobie Brink

Date Submitted: 06/01/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 06/08/2011
	State Status Changed: 06/08/2011
Deemer Date:	Created By: Tyra Reed
Submitted By: Tyra Reed	Corresponding Filing Tracking Number: 48242

Filing Description:

RE: American National Life Insurance Company of Texas (NAIC: 71773 FEIN: 75-1016594) Filing Of:

Form ABR11AX-TM Accelerated Benefit Rider for Terminal Illness

SERFF Tracking Number: AMNA-127190715

Company Tracking Number: ABR11AX-TM

Dear Reviewer:

SERFF Tracking Number: AMNA-127190715 State: Arkansas
Filing Company: American National Life Insurance Company of Texas State Tracking Number: 48953
Company Tracking Number: ABR11AX-TM
TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life
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Please find attached the above listed form for your organization's review and approval. These forms are new forms and will not replace any previously approved forms.

Form ABR11AX-TM is an inherent Accelerated Benefit Rider that will be attached to eligible individual life policies. If exercised, the rider provides an accelerated death benefit when Insured has a terminal illness as defined in the rider. The rider will be used with the previously approved level death benefit whole life policy, Form LDB11AX(10). (Approved 4/14/2011, SERFF Tracking Number AMNA- 127025091)

Eligibility requirements for the Accelerated Benefit Rider are:

- The policy must have a minimum face amount of \$25,000, but not to exceed \$1,000,000

The Accelerated Benefit Rider:

- Can be added post-issue
- Does not charge a premium; however, an administrative fee, not to exceed \$500 will be deducted upon acceleration.

The following supplemental forms have been attached to the Supporting Documentation tab, and are used in relation with the rider:

A disclosure for the Accelerated Benefit Rider is provided to the applicant at the time of application. Form ABRDSAX provides information regarding the benefit, possible tax consequences, possible effects on receipt of public funds, and other important information. The owner's and agent's signature are required, and the signed disclosure must be returned with the application.

When the owner elects to exercise the benefit and requests acceleration, an election form, Form ABR11AX-EF(AR) is provided to the owner. The election form demonstrates the effect of the acceleration on the policy and includes the offer of accelerated benefits. The election form must be signed by the owner and returned in order to effectuate the acceleration.

When the election form is provided, another disclosure is also provided. Form ABRDSEAX provides information regarding the benefit, possible tax consequences, possible effects on receipt of public funds, and other important information. The owner must sign and return the form with the election form.

The rider is identical, except for the company information, to Form ABR11-TM submitted for American National Insurance Company under SERFF Tracking Number AMNA-127076498 / State Tracking Number 48242 , approved by your department on 5/9/2011 .

SERFF Tracking Number: AMNA-127190715 State: Arkansas

Filing Company: American National Life Insurance Company of Texas State Tracking Number: 48953

Company Tracking Number: ABR11AX-TM

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: ANTEX ABR Terminal Illness

Project Name/Number: /

Additional information/supporting documentation included in this submission is as follows:

- „X Statement of Variability
- „X Actuarial Memorandum
- „X Certificate of Compliance/Flesch Certification
- „X Payment of the required filing fee in the amount of \$100 has been submitted via EFT
- „X Any requirement for a third party authorization has been bypassed, as this is not a third-party filing.
- „X As the rider can be attached to policies that are issued on a sex-distinct basis, we confirm that it will not be issued in any employer-employee plans that are subject to the Norris decision and/or Title VII of the Civil Rights Act of 1964.

Company and Contact

Filing Contact Information

Tyra Reed, Policy Analyst tyra.reed@anico.com
 One Moody Plaza 409-763-1112 [Phone] 5222 [Ext]
 Product Development--14th Floor 409-766-6933 [FAX]
 Galveston, TX 77550

Filing Company Information

American National Life Insurance Company of Texas CoCode: 71773 State of Domicile: Texas
 One Moody Plaza Group Code: 408 Company Type: Life, Health, Annuity
 Galveston, TX 77550 Group Name: State ID Number:
 (409) 763-4661 ext. 5222[Phone] FEIN Number: 75-1016594

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: 1 non-exempt form @ \$100 each / no policy present
 Per Company: No

SERFF Tracking Number: AMNA-127190715 State: Arkansas
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TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National Life Insurance Company of Texas	\$100.00	06/01/2011	48228469

SERFF Tracking Number: AMNA-127190715 State: Arkansas
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TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/08/2011	06/08/2011

<i>SERFF Tracking Number:</i>	<i>AMNA-127190715</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American National Life Insurance Company of Texas</i>	<i>State Tracking Number:</i>	<i>48953</i>
<i>Company Tracking Number:</i>	<i>ABR11AX-TM</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>ANTEX ABR Terminal Illness</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 06/08/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMNA-127190715 State: Arkansas

Filing Company: American National Life Insurance Company of Texas State Tracking Number: 48953

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Memorandum of Variable Material		Yes
Supporting Document	Supplemental Forms - Disclosures and Election Form		Yes
Form	Accelerated Benefit Rider for Terminal Illness		Yes

SERFF Tracking Number: AMNA-127190715 State: Arkansas

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form ABR11AX-TM	Policy/Contract	Accelerated Benefit Rider for Terminal Illness Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		46.100	Form ABR11AX-TM.pdf



American National Life Insurance
Company of Texas

HOME OFFICE: [ONE MOODY PLAZA, GALVESTON TX 77550]
ADMINISTRATIVE OFFICE: [ONE MOODY PLAZA, GALVESTON TX 77550]
TELEPHONE NUMBER [(409) 763-4661]

(The telephone number above is available for Policyholders to make inquiries or obtain information about coverage and provide assistance in resolving complaints.)

ACCELERATED BENEFIT RIDER FOR TERMINAL ILLNESS

NOTICE: Payment of an Accelerated Benefit under this Rider will terminate the Base Policy and/or Covered Rider(s) for which the Accelerated Benefit is paid. Receipt of an Accelerated Benefit may be a taxable event. You should consult a tax advisor regarding the tax status of any benefit paid to You under this Rider.

Receipt of Accelerated Benefits may affect your eligibility for Medicaid, supplemental security income, or other government benefits or entitlements.

This Rider is attached to and made a part of Your Base Policy. Except as provided in this Rider, all other terms, provisions, and conditions of Your Base Policy remain the same. No additional Premium is required for this Rider.

Capitalized terms not defined in this Rider have the meaning given in the Base Policy to which this Rider is attached.

Upon acceleration, You will not receive the full Death Benefit, but rather a reduced amount defined below as the Accelerated Benefit Payment.

DEFINITIONS

Base Policy. The Policy to which this Rider is attached.

Rider Insured. The Insured under the Base Policy or any Insured under a Covered Rider. Benefits may be payable under this Rider if a Rider Insured has a Terminal Illness.

Base Policy Insured. The person named as the Insured in the Base Policy.

Covered Rider. Any Rider attached to the Base Policy providing permanent or term life insurance, excluding accidental death benefits and Child Term Riders.

Eligible Death Benefit. The total Death Benefit under the Base Policy and any Covered Riders attributable to a Rider Insured who has a Terminal Illness.

Terminal Illness. An illness or chronic condition that is reasonably expected to result in the death of the Rider Insured within 24 months or less.

Physician. A doctor of medicine or osteopathy, practicing within the scope of their license, issued by the jurisdiction in the United States of America in which the services are rendered. Physician cannot be the Owner, the Rider Insured, or a member of the Owner or Rider Insured's immediate family. Immediate family includes parents, step-parents, grandparents, spouse, domestic partner, children (natural, adopted, or step), siblings, grandchildren or in-laws.

BENEFITS

Accelerated Benefit. Subject to the terms of this Rider, We will pay You an Accelerated Benefit during the lifetime of a Rider Insured, upon proof that the Rider Insured has a Terminal Illness, as defined above. The Accelerated Benefit will be paid:

- a. upon Your election, and
- b. in lieu of payment of the Eligible Death Benefit.

No Accelerated Benefit will be paid for any Terminal Illness that results from any self-inflicted injury or attempted suicide.

Accelerated Benefit Payment. The Accelerated Benefit Payment will be equal to the Eligible Death Benefit less the following deductions:

- a. the actuarial discount, as determined by Us;
- b. an administrative charge not to exceed \$500; and,
- c. any policy debt, if the qualifying Rider Insured is also the Base Policy Insured.

The Accelerated Benefit Payment for the Base Policy Insured will never be less than the cash surrender value of the Base Policy, if any.

The actuarial discount is determined by the following factors:

- a. the Eligible Death Benefit;
- b. the cash surrender value of the Base Policy;
- c. any future premiums required to be paid to keep the Eligible Death Benefit in force;
- d. any future anticipated dividends for the Base Policy;
- e. the Accelerated Benefit Interest Rate in effect; and,
- f. a mortality table for terminally ill individuals, as determined by Us.

The Accelerated Benefit Payment will be calculated as a lump sum. You may choose to receive the Accelerated Benefit Payment in a lump sum or a series of periodic payments. If You elect periodic payments, You may apply the Accelerated Benefit Payment to any non-life contingent Settlement Option pursuant to the Settlement Options provision of the Base Policy.

The Accelerated Benefit Payment will be paid to You or Your estate while the Rider Insured is living, unless otherwise designated by You.

If the Rider Insured dies after the periodic payments begin, the remaining payments will be paid pursuant to the Beneficiary provision of the Base Policy, unless otherwise designated by You.

Accelerated Benefit Interest Rate. An interest rate We declare, not to exceed the greater of:

- a. the yield on 90-day Treasury Bills on the Election Date; or,
- b. the maximum current adjustable policy loan interest rate allowed by law.

PROCESS FOR ACCELERATING BENEFITS

Reporting. You must provide Us written proof, satisfactory to Us, that a Rider Insured has a Terminal Illness. Written proof should include:

- a. a certification from a Physician that the Rider Insured has a Terminal Illness; and,
- b. complete records of the Rider Insured's medical history, diagnoses, and treatments.

We reserve the right to have the Rider Insured examined by a Physician of Our own choosing when and as often as We may deem necessary, while an Election of Accelerated Benefits is pending. Such examination will be made at Our expense.

Offer. If We determine benefits are payable under this Rider, We will make You an offer of an Accelerated Benefit Payment and demonstrate the impact the Election will have on the benefits of the Base Policy or Covered Rider. We will provide You with an Accelerated Benefit Election Form, which must be completed and returned to Us within 60 days of receipt.

Election. Following the receipt of Our offer, You may elect to accelerate the Eligible Death Benefit. You must provide Us with written consent from any Assignee or Irrevocable Beneficiary. We may require that You return Your Base Policy with Your Accelerated Benefit Election Form to Our Administrative Office.

The Accelerated Benefit Payment will be paid to You in lieu of the Eligible Death Benefit. The Base Policy and/or any Covered Rider(s) contributing to the Eligible Death Benefit will terminate upon the Election Date.

The Accelerated Benefit Payment for the Base Policy Insured will first pay all debt on the Base Policy.

If an Accelerated Benefit is elected for the Base Policy Insured, any Rider attached to the Base Policy will be treated as if the Base Policy Insured has died. Acceleration of a Covered Rider will be treated as though the Rider Insured has died for the purpose of determining the impact of the acceleration on the Base Policy.

If the Rider Insured dies after reporting a Terminal Illness, but before You receive the Accelerated Benefit Payment, then We will rescind the Offer and pay the Death Benefit pursuant to the Base Policy and/or Covered Rider(s).

Election Date. The Election Date is the date You sign the Accelerated Benefit Election Form.

GENERAL TERMS

Termination. This Rider will terminate at the earliest of:

- a. the date when the Base Policy to which this Rider is attached terminates;
- b. the date the Base Policy becomes extended term insurance coverage under any default benefit or nonforfeiture option; or
- c. the date we receive the Owner's written request to terminate this Rider.

Reinstatement. This Rider may be reinstated pursuant to the Reinstatement provision in the Base Policy to which this Rider is attached.

Incontestability. This Rider is contestable on the same basis as the Base Policy to which it is attached.

Legal Requirements. If the Owner is required by law to elect Accelerated Benefits to meet the claims of creditors, whether in bankruptcy or otherwise, Accelerated Benefits will not be available.

If the Owner is required by a government agency to elect Accelerated Benefits to apply for, obtain, or keep a government benefit or entitlement, Accelerated Benefits will not be available.

Signed at Our Home Office at [Galveston, TX] on the Issue Date.

[]

[J. Mark Flippin]
[Secretary]

[]

[G. R. Ferdinandtsen]
[President]

SERFF Tracking Number: AMNA-127190715 State: Arkansas
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment:		
AR - Certification of Compliance.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: This rider is inherent.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Life & Annuity - Actuarial Memo		
Comments:		
Attachment:		
Actuarial Memorandum - Form ABR11AX-TM.pdf		

	Item Status:	Status Date:
Satisfied - Item: Memorandum of Variable Material		
Comments:		
Attachment:		
MVM - Form ABR11AX-TM.pdf		

	Item Status:	Status Date:
Satisfied - Item: Supplemental Forms - Disclosures		

SERFF Tracking Number: AMNA-127190715 *State:* Arkansas
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TOI: L07I Individual Life - Whole *Sub-TOI:* L07I.101 Fixed/Indeterminate Premium - Single Life
Product Name: ANTEX ABR Terminal Illness
Project Name/Number: /
and Election Form

Comments:

Attachments:

Form ABR11AX-EF(AR).pdf
ABRDSAX.pdf
ABRDSEAX.pdf



American National Life Insurance
Company of Texas

CERTIFICATION OF COMPLIANCE

The Company has reviewed the captioned form(s) below, and certifies that to the best of its knowledge and belief, the form(s) submitted is (are) in compliance with the following:

Rule & Regulation 19

Rule & Regulation 49

(compliance achieved with issuance of base policy, which includes guaranty association notice).

ACA 23-79-138 and Bulletin 15-2009

compliance achieved with issuance of base policy, which includes the contact information).

ACA 23-80-206 (Flesch Certification, minimum of 40)

<u>Form</u>	<u>Form Name</u>	<u>Scoring(s)</u>
Form ABR11AX-TM	Individual Whole Life Insurance Policy <i>as scored with policy Form LDB11AX(10)</i>	46.1

Rex D. Hemme

Senior Vice President & Actuary

American National Life Insurance Company of Texas



American National Life Insurance
Company of Texas

**MEMORANDUM OF VARIABLE MATERIAL FOR
Form ABR11AX-TM
May 31, 2011**

This memorandum was prepared for use with Form ABR11AX-TM, an accelerated benefit rider for American National Life Insurance Company of Texas.

Variable material contained within the form denoted by use of brackets.

Variable Material

The form contains the following permissible variable material:

Home Office Address
Administrative Office Address
Telephone Number
Officer Names, Titles, and Signatures

The above noted items, if changed, will be changed in accordance with department standards. It is understood that the items noted above may be changed without notice or prior approval.

We hereby certify to the following:

- The final form issued to the consumer will not contain brackets denoting variable text;
- Any variable text included in this Statement of Variability will be effective only for future issues;
- The use of variable text will be administered in a uniform and non-discriminatory manner, and will not result in unfair discrimination;
- Only text included in this Statement will be allowed to be used on the referenced forms received by consumers; and
- Any changes to variable or permissible ranges of values will be submitted for approval prior to implementation, as required.



American National Life Insurance
Company of Texas

Accelerated Benefit for Terminal Illness - Election Form

American National Life Insurance Company of Texas
One Moody Plaza, Galveston, TX 77550-7947 Phone: 877-862-0759

page 1 of 2

Policy Numbers: _____

1. RIDER INSURED

Name: Last	First	M.I.
_____	_____	_____
Daytime telephone		
() _____		
Address	City	State ZIP
_____	_____	_____

2. OWNER

Name: Last	First	M.I.
_____	_____	_____
Daytime telephone		
() _____		
Address	City	State ZIP
_____	_____	_____

3. EFFECT ON COVERAGE

Coverages*:	Death Benefit Before Acceleration	Amount Eligible	Death Benefit After Acceleration
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Premium: (for all coverages)	Before Acceleration	After Acceleration	
	\$ _____	\$ _____	
Cash Surrender Value	Before Acceleration	After Acceleration	
	\$ _____	\$ _____	
Policy Debt	Before Acceleration	After Acceleration	
	\$ _____	\$ _____	

*Upon acceleration, any Rider attached to the Base Policy will be treated as though the Base Policy Insured has died. Any conversion privilege offered under any Rider must be exercised, if desired, at the time of election. Complete and submit the appropriate request for policy change with this election form.



American National Life Insurance
Company of Texas

4. ACCELERATED BENEFIT PAYMENT

The Accelerated Benefit Payment is the:

Total Eligible Death Benefit	\$ _____	reduced by:
An Actuarial Discount	\$ _____	reduced by:
An Administrative Charge	\$ _____	reduced by:
Any Policy Debt	\$ _____	equaling.

Total Accelerated Benefit Payment:
(or cash surrender value, if greater)

\$ _____

- ☐ Lump Sum
☐ Periodic Payments

Please specify the non-life contingent Settlement Option elected (refer to Your Base Policy for available Settlement Options).

Frequency for Periodic Payments (choose one):

☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

FRAUD WARNING

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinement in prison.

IMPORTANT NOTICES

Payment of Accelerated Benefits will eliminate the Death Benefit otherwise payable under the Base Policy or Covered Rider(s). Receipt of Accelerated Benefits may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements.

Receipt of Accelerated Benefits may be a taxable event. Please consult your personal tax advisor or attorney to determine the tax status of any benefits paid under this rider.

SIGNATURES

I understand and agree that by signing below:

- I accept the offer for the Accelerated Benefit Payment.
- The coverage(s) will be affected as shown above.
- I will not receive any future death benefit on the coverage(s) accelerated.
- This election for accelerated benefits is voluntary and without coercion on the part of any third party.

Signature of Owner

Date

I, as Assignee and/or Irrevocable Beneficiary of the Policy Numbers specified above, consent to the acceleration of the Eligible Death Benefit as applied for. I understand that the Accelerated Death Benefit Payment will be paid to the Owner and will eliminate the death benefit available upon the death of the Rider Insured.

Signature of Assignee (if applicable)

Date

Signature of Irrevocable Beneficiary (if applicable) Date

Summary and Disclosure Notice for Accelerated Benefits

Issued by American National Life Insurance Company of Texas
One Moody Plaza, Galveston, TX 77550-7947 Phone Number: (800) 899-6806

page 1 of 1



THIS SUMMARY PROVIDES A BRIEF DESCRIPTION OF THE BASIC FEATURES OF THE ACCELERATED BENEFIT RIDER LISTED BELOW. THIS IS NOT AN INSURANCE CONTRACT, BUT ONLY A SUMMARY OF THE COVERAGE PROVIDED BY THE RIDER.

Your policy may contain the Accelerated Benefit Rider described in this summary and disclosure notice. You should check Your policy to determine if this rider has been attached to Your policy.

Payment of an Accelerated Benefit means that Your Base Policy will terminate. The death benefit that would have been paid to the Beneficiary after the death of the Insured will be paid to You prior to the death of the Insured. You will not receive the full death benefit, but rather a reduced amount called the Accelerated Benefit Payment.

Receipt of an Accelerated Benefit may be a taxable event. You should consult a tax advisor regarding the tax status of any benefit paid to You under this Rider. Receipt of Accelerated Benefits may affect your eligibility for Medicaid, supplemental security income, or other government benefits or entitlements.

In order to receive Accelerated Benefits, You must request the payment of an Accelerated Benefit and show proof that the Insured has meet the qualifying conditions of the Accelerated Benefit Rider, as described below.

There is no additional premium required for this Rider.

An administrative fee, not to exceed \$500, will be deducted from the Accelerated Benefit Payment.

Accelerated Benefit Rider for Terminal Illness – Covers an illness or chronic condition that is reasonably expected to result in the death of the Rider Insured within 24 months or less.

No Accelerated Benefit will be paid under the Accelerated Benefit Rider for a condition that results from any self-inflicted injury or attempted suicide.

The Accelerated Benefit Payment will be equal to the Eligible Death Benefit less the actuarial discount, as determined by Us; an administrative charge not to exceed \$500; and any policy debt. The Accelerated Benefit Payment will never be less than the cash surrender value of the Policy, if any.

You may choose to receive the Accelerated Benefit Payment in a lump sum or a series of periodic payments. If You elect periodic payments, You may apply the Accelerated Benefit Payment to any non-life contingent Settlement Option pursuant to the Settlement Options provision of the Policy.

If an Accelerated Benefit is elected the Policy will be treated as if the Insured has died.

I acknowledge that I have reviewed this Summary and Disclosure Notice and have been provided a copy for my records.

Owner

Date

Agent

Date

Summary and Disclosure Notice for Accelerated Benefits

Issued by American National Life Insurance Company of Texas
One Moody Plaza, Galveston, TX 77550-7947 Phone Number: (800) 899-6806

page 1 of 1



THIS SUMMARY PROVIDES A BRIEF DESCRIPTION OF THE BASIC FEATURES OF THE ACCELERATED BENEFIT RIDER LISTED BELOW. THIS IS NOT AN INSURANCE CONTRACT, BUT ONLY A SUMMARY OF THE COVERAGE PROVIDED BY THE RIDER.

Payment of an Accelerated Benefit means that Your Base Policy or Covered Rider(s), for which the Accelerated Benefit is paid, will terminate. The death benefit that would have been paid to the Beneficiary after the death of the Rider Insured will be paid to You prior to the death of the Rider Insured. You will not receive the full death benefit, but rather a reduced amount called the Accelerated Benefit Payment.

Receipt of an Accelerated Benefit may be a taxable event. You should consult a tax advisor regarding the tax status of any benefit paid to You under this Rider. Receipt of Accelerated Benefits may affect your eligibility for Medicaid, supplemental security income, or other government benefits or entitlements.

There is no additional premium required for these Riders.

An administrative fee, not to exceed \$500, will be deducted from the Accelerated Benefit Payment.

Accelerated Benefit Rider for Terminal Illness – Covers an illness or chronic condition that is reasonably expected to result in the death of the Rider Insured within 24 months or less.

No Accelerated Benefit will be paid under any Accelerated Benefit Rider for a condition that results from any self-inflicted injury or attempted suicide.

The Accelerated Benefit Payment will be equal to the Eligible Death Benefit less the actuarial discount, as determined by Us; an administrative charge not to exceed \$500; and any policy debt, if the qualifying Rider Insured is also the Base Policy Insured. The Accelerated Benefit Payment for the Base Policy Insured will never be less than the cash surrender value of the Base Policy, if any.

You may choose to receive the Accelerated Benefit Payment in a lump sum or a series of periodic payments. If You elect periodic payments, You may apply the Accelerated Benefit Payment to any non-life contingent Settlement Option pursuant to the Settlement Options provision of the Base Policy.

If an Accelerated Benefit is elected for the Base Policy Insured, any Rider attached to the Base Policy will be treated as if the Base Policy Insured has died. Acceleration of a Covered Rider will be treated as though the Rider Insured has died for the purpose of determining the impact of the acceleration on the Base Policy.

I acknowledge that I have reviewed this Summary and Disclosure Notice and have been provided a copy for my records.

Owner

Date